



- ☐ Request a Quote - Valid for 30 Days
- ☐ Place an Order
- ☐ Request for Drawing

# Sales Order Form

Customer Number_____		Purchase Order# _____	
Date:		Customer Name:	
Bill to:		Ship To:	
Address - P.O. Box:		Address:	
City		City	
State and ZIP		State and ZIP	
Contact:		Customer Telephone #	

Purchase Information					
Product Code	Quantity	Size/Size/Color	Description	Unit Price	Total Price

Print this Page - Fill out your order - Fax to:  
**(602) - 255-3108**  
**for FAST Turnaround!**

Sales Tax 8.3%	
Freight	
Total	